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February, 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

42 CFR 435.10

Financial Eligibility 2.6

and Subparts G &

Η

1902(a)(10)(A)(i)(III), (IV), (V),

and (VI), and

(VII),

1902(a)(10)(A)(ii)

(IX),

1902(a)(10)(A)(ii)

(X),

1902(a)(10)(C),

1902(f), 1902(l)

and (m), 1905(p)

and (s),

1902(r)(2), and

1920

(a) The Financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

TN No. 93-04 Approval Date 01/03/94 Effective Date 06/16/93

Supersedes

TN No. 87-11 & 91-01 HCFA ID: 7982E